



MS AF, certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 6, 2005 Signature: *Dennis M. Smid*

(Dennis M. Smid)

Corres. and Mail  
**BOX AF**

**EXPEDITED PROCEDURE**

Group Art Unit: 2615

Docket No.: SONYJP 3.0-175

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

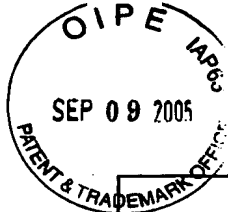
In re Patent Application of: :  
:   
Miyagi et al. :   
:   
Application No.: 09/871,194 : Group Art Unit: 2615  
:   
:   
Filed: May 31, 2001 : Examiner: L. Ye  
:   
:   
For: IMAGE DATA COMMUNICATION SYSTEM :   
AND METHOD THEREOF, AND IMAGE   
PICKUP APPARATUS AND IMAGE DATA   
PROCESSING METHOD

**AMENDMENT UNDER 37 CFR 1.116**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 3, 2005, finally rejecting claims 1-20 and 22, please amend the above-identified U.S. patent application as follows:



AF 2615

<b>AMENDMENT TRANSMITTAL LETTER</b>	<b>After Final Rejection</b>
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Application No. 09/871,194	Filing Date May 31, 2001	Examiner L. Ye	Group Art Unit 2615
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Applicant(s): Shiro Miyagi, Kimio Maki, and Mio Ozawa	Docket No. SONYJP 3.0-175
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Invention: IMAGE DATA COMMUNICATION SYSTEM AND METHOD THEREOF, AND IMAGE PICKUP APPARATUS AND IMAGE DATA PROCESSING METHOD

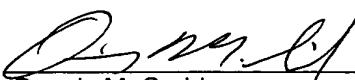
**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 22 =	0	x	
Independent Claims	2	- 4 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00

- ☒ Large Entity ☐ Small Entity
- ☒ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 12-1095 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Dennis M. Smid  
Attorney Reg. No. 34,930

Dated: September 6, 2005

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